## 101000021149 (Requestor's Name) (Address) 200061322192 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) 11/10/05--01031--013 \*\*35.00 (Document Number) 05 NOV 10 PM 3:53 Certified Copies Certificates of Status \_ Special Instructions to Filing Officer: 010 Resign. 11/14/05 Dr Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Chapman Environmental & Demolition Services, Inc. (Name of Corporation)

## **DOCUMENT NUMBER:**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed Chapman

(Name of Person)

(Name of Firm/Company)

4804 Amsbury Court (Address)

Orlando, Florida 32817 (City/State and Zip Code)

For further information concerning this matter, please call:

Ed Chapmanat ( 407 ) 679-1771(Name of Person)(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 <u>Mailing Address:</u> Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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I,	Edwin L	. Chapman Jr.	, hereby resi	gn as <u>Pr</u>	<u>esident</u> (Titlc)		
of	Chapman	Environmental (Name of	& Demolition Corporation)	Services,	Inc.		*
	(Document Nur	nber, if known)	a corporation organiz	ed under the la	ws of the State	; of	
	Florida						
		(Sig	nature of resigning office	r/director)		05 NOV 10 1	FILE SECRETARY OF COB
		FII	.ING FEE IS \$35.00	)		PM 3:53	). IF STATE PORATIONS

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314